ITN members should use this form to keep contact information up-to-date. Please complete the information below, and send the form to the ITN Database Administrator via fax: 317.233.9000, or e-mail: infoservices@intelenet.state.in.us.

Contact Information Change Request

Date		Main Phone Number	
Name of Organization			
Street Address			
City, State, Zip			

Administrative Contact

Name & Title			
Phone Numbers	Office	Mobile	FAX
E-mail address(es)			
Street Address			
City, State, Zip			
Name of Previous Administrative Contact:			

Technical Contact

Name & Title			
Phone Numbers	Office	Mobile	FAX
E-mail address(es)			
Street Address			
City, State, Zip			
Name of Previous Technical Contact:			

USF & Grant Contact

Name & Title			
Phone Numbers	Office	Mobile	FAX
E-mail address(es)			
Street Address			
City, State, Zip			
Name of Previous USF & Grant Contact:			

Indiana Telecommunications Network (ITN) Form 6 (CICR)
Created 3/03 Revised 12/03

Billing Contact			
Name & Title			
Phone Numbers	Office	Mobile	FAX
E-mail address(es)			
Street Address			
City, State, Zip			
Name of Previous Billing Contact:			

Additional Information